



KANSAS CORPORATION COMMISSION 1061550  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1061550

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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201 W. MADISON  
 P.O. BOX 885  
 IOLA, KS 66749  
 PHONE: (620) 365-2281

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
253687			Taz4, Taz5	NET 15TH OF MONTH	SE	5/9/11	8:44

SCOTT OWENS 1274 282 RD YATES CENTER KS 66783	S H I P T O
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TERM 1  
 DOC# 129305  
 \*\*\*\*\*  
 \* INVOICE \*  
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TAX : 001 IOLAL IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
68		EA	PC	PORTLAND CEMENT		68	9.45 /EA	567.00
2		EA	F	PALLETS		2	20.00 /EA	40.00
1		EA	DELIVERY	DELIVERY CHARGE		1	25.00 /EA	25.00

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*  
 686.04 TAXABLE 632.00  
 NON-TAXABLE 0.00  
 SUBTOTAL 632.00

X  
 RECEIVED BY \_\_\_\_\_

TAX AMOUNT 54.04  
 TOTAL AMOUNT 686.04

FED ID# 48-1214033  
 MC ID # 165290  
 Shop # 620 437-2661  
 Cellular # 620 437-7582  
 Office # 316 685-5908  
 Office Fax # 316-685-5926  
 Shop Address: 3613A Y Road  
 Madison, KS 66860

**Hurricane Services, Inc.**  
**P.O. Box 782228**  
**Wichita, KS 67278-2228**

**Cement, Acid or Tools**  
**Service Ticket**  
 4518

DATE 6-16-11

COUNTY Woodson CITY \_\_\_\_\_

CHARGE TO Owens Petroleum

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LEASE & WELL NO. Tannahill #24 CONTRACTOR Scott Owens

KIND OF JOB Longstring SEC. 33 TWP. 23 RNG. 16

DIR. TO LOC. \_\_\_\_\_ OLD  NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
132	SKS. 70/30 Pozmix cement		1,438.80
235	lbs. Gel 2%		58.75
25	lbs. Floccle		46.25
3	Hrs. Water Truck #105		240.00
200	lbs. Gel / Flush Ahead		50.00
	BULK CHARGE		
6.03	TRK BULK TRK. MILES		232.15
35	PUMP TRK. MILES		105.00
	Mileage Trk #290		52.50
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	119.70
		TOTAL	3139.15

T.D. 1126'

SIZE HOLE 5 5/8"

MAX. PRESS. \_\_\_\_\_

PLUG DEPTH \_\_\_\_\_

PLUG USED \_\_\_\_\_

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

TBG SET AT 1114' VOLUME 6.45 Bbls

SIZE PIPE 2 7/8"

PKER DEPTH \_\_\_\_\_

TIME FINISHED \_\_\_\_\_

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, Circulate Gel around with fresh water to condition hole, Mixed 132 SKS 70/30 Pozmix cement w/ 2% Gel + Floccle. Shutdown - wash out pump + lines - Release 2 Top Rubber Plugs - Displace Plugs with 6 1/2 Bbls water. Final Pumping at 500 PSE - Bumped Plugs to 1000 PSE - Close Tubing in w/ 1000 PSE Good cement returns to surface with 3 Bbl. slurry

**EQUIPMENT USED**

NAME Kelly Kimberlin UNIT NO. #201  
Brad Butler

NAME Jerry #203, Justin #105  
Witnessed by Scott